

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	1	2	2	3	3	4	4	5	5	6	6
1	1						51					
2		1					52					
3		2					53					
4		3					54					
5		4					55					
6		5					56					
7		6					57					
8		7					58					
9		8					59					
10	1						60					
11		1					61					
12		2					62					
13		3					63					
14		4					64					
15		5					65					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	15						TOTAL DEP.					
TOTAL CLAIMS	1						TOTAL CLAIMS					